Baldwin Fire Department

Employment Application

534 Pequawket Trail, West Baldwin, Maine 04091 (207)625-3581 - (207)625-6006



PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address						
Name (First, MI, Last)		Date of Birth				
Mailing Address						
City, State, and Zip Code						
<u>Telephone</u>		Cell Phone Carrier (Verizon, AT&T, Spectrum)				
Social Security Number		<u>Email</u>				
		<u>Job Type</u>				
I want to be:	☐ Firefighter	☐ Fire Police	☐ Junior Firefighter			
What hours are you una	ivailable?	Can you dedicate 3 days per month?	Desired start date			
Additional Information						
Have you ever been employed by this organization in the past?			☐ No			
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.			☐ Yes	□ No		
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?			☐ Yes	□ No		
If Yes, please explain:						

Do you have a driver's license? Yes No		Driver's license number		Issued in what state?			
Have you had any accidents during the past three years?				How many?			
Have you had any moving violations during the past three years?			s?	How many?			
	<u>Education</u>						
School	Location	1	Years Completed	Major	Degree or Diploma		
<u>Certifications</u>							
School	Location	ı	Years Completed	Discipline (Fire/EMS/ect)	State or National		

Have you ever been in the Armed Forces?	☐ Yes	□ No	Date entered	L		
Are you now a member of the National Guard?	☐ Yes	☐ Yes ☐ No		Discharge date		
Specialty						
<u>Wc</u>	ork Experience					
Please provide your current or most recent emp	loyment. *Plea	se attach a resume	with ALL wor	k history.*		
Company	Name	Name of last supervisor		Hrs/week		
Address	Start I	Start Date		Starting Salary		
City, State, and Zip Code	End D	End Date		Final Salary		
Phone number	Your la	Your last job title				
Reason for leaving (be specific)	Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
1 2						
May we contact this employer? Yes No						

References				
Please include the name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.				
1.				
2.				
3.				
4.				
I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.				
If this application is accepted, I acknowledge that I will become an employee of the Town of Baldwin.				
*Applicants under 18 years of age MUST have a parent or guardian co-sign their application as a certification of parental permission for this type of employment.				
Signature		Date		
Parental Signature (for those under 18 years of age)	Relationship	Date		